

**IN THE MATTER OF THE TESTAMENTARY
TRUST UNDER ITEM _____ OF THE
LAST WILL AND TESTAMENT OF:**

f.b.o:_____

DESIGNATION OF PRESENT TRUST BENEFICIARIES

$$\begin{pmatrix}) \\) \\) \\) \\) \\) \\) \end{pmatrix}$$

For those beneficiaries identified above as incompetent/minor(s), provide the information as requested on the reverse side of this form.

As to each Minor Beneficiary listed:

| Name of Minor | Date of Birth | Name of parent(s)/ Name of guardian(s)/ Name of custodian(s) | Address |
|---------------|---------------|--|---------|
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As to each Incompetent Beneficiary listed:

| Name of Incompetent | Name of Guardian | Address of Guardian | Court of Jurisdiction | Case Number |
|---------------------|---------------------|------------------------|--------------------------|----------------|
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Attorney for Trustee

Typed or Printed Name

Address (No P. O. Boxes)

City, State, Zip

Area Code/Phone Number

Attorney Registration No.: _____

Trustee

By:
Signature

Typed or Printed Name

Address (No P. O. Boxes)

City, State, Zip

Area Code/Phone Number